

MEMORIAL APPLICATION



Town of Marion Select Board
Two Spring Street
Marion, Massachusetts 02738
508-748-3520

Have you received a copy of the Town of Marion's Memorial Policy? Yes ☐ No ☐

Your Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email Address: _____

Purpose of Memorial (Person/event, rationale for memorial)

Requested Location (Please be specific): _____

Proposed memorial (Include design, size, material)

Describe Proposed Inscription: (Plaque size, font type, font size, content; note that plaques for benches or other small memorials are limited to 3" x 8" and made of brass)

Installation requirements (detail any special requirements due to size or location, note that certain bench designs may require bolting to a reinforced 4" thick steel reinforced concrete pad)

Maintenance Plan (identify any necessary periodic maintenance needed to prevent deterioration and how that will be performed)

MEMORIAL APPLICATION

Are you aware of any permits required to site a memorial at this location?

Yes ☐

No ☐

(Please review with the Conservation Commission)

NOTE: Installation of a memorial is the responsibility of the Applicant. Any contractor used by the Applicant must be licensed and insured to meet the Town's minimum insurance standards.

Applicant's Signature (Denotes understanding of the Marion Memorial Policy and requirements of this application)

_____ Date _____

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Comments From Department of Public Works:

Comments From Recreation Department:

Permitting Required: ☐ Yes ☐ No

If Yes, what permits? _____

I have reviewed the location proposed and approved based on comments provided above.

DPW Director: _____ **Recreation Director:** _____

Date: _____